

# BEST AVAILABLE COPY

## CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
8		/				
9		/				
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41		/				
42		/				
43		/				
44	/					
45	/					
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	39	↔	↔	↔	↔	
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS